

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 APR -1 11 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832911** (2)

1. Corporation Name

GELDERMANN SECURITIES, INC.



Principal Place of Business	Mailing Address
440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US	440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Site, Apt. #, etc.		Site, Apt. #, etc.		08/21/1974		04/28/1995		36-2801777	
City & State		City & State		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable		5. Certificate of Status Desired	
Zip		Zip		Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNETT, NED W.	
STREET ADDRESS	1916 SUNSET ROAD	
CITY-STATE-ZIP	HIGHLAND PARK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLK, IRA	
STREET ADDRESS	29 KINCAID ROAD	
CITY-STATE-ZIP	BOONTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, THOMAS M.	
STREET ADDRESS	48 JEFFERSON AVENUE	
CITY-STATE-ZIP	SHORT HILLS NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDNER, GARY M.	
STREET ADDRESS	440 WEST END AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEDVORA, ROBERT	
STREET ADDRESS	440 S. LASALLE ST. 20TH FL.	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURLEY, JAMES R.	
STREET ADDRESS	62 E. QUAIL RD	
CITY-STATE-ZIP	LAKE FOREST IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LEE MEYER	
13 STREET ADDRESS	440 S. LASALLE ST., 20TH FLOOR	
14 CITY-STATE-ZIP	CHICAGO, IL 60605	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

400001767344
-04/03/96--01003--001
***200.00 ***200.00

[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* LEE MEYER VP. CONTROLLER 2/20/95 312-663-7500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)